1 Manifest See reverse side for Instructions. HAZARDOUS MATERIALS MANAGEMENT SECTION Please type or print clearly. Press Hard. 744 P Street, Sacramento, CA 95814 SFUND RECORDS CTR GENERATOR (Generator Must Complete) Designated TSD Facility (Authorized to operate under an 4 Alternate TSD Facility approved state program or federal program) 999000928 ALLIMINUM COMPANY OF AMERICA VERNON WORKS OPERATING INDUSTRIES, INC. Name CHEMICAL WASTE MANAGEMENT INC Name (2) Name 0 6 4 EPA NO. EPA NO. EPA NO. Phone No. 588-6141 Address 900 N. Potrero Grande Dr. Address P.Q. Box 1104, 430 W. Elm Ave Address 5151 Alcoa Ave. City State Zip Monterey Park, Ca. 90058 Vernon, Ca. City, State, Zip Coalinga, Ca. 93210 City, State, Zip 5) U.S. DOT PROPER SHIPPING NAME HAITE CONTAINERS NUMBER: TYPE: DRUMS DBAGS DCARTONS WASTE ☐ TANK TRUCK ☐ DUMP TRUCK WASTE OTHER (R) GENERATING PROCESS \_\_\_ Aluminum Fabrication (7) EX. HAZ. WASTE PERMIT NO. \_\_\_ 6 WASTE CATEGORY\_ CONC. CONC. RANGE LIST COMPONENTS: UNITS П% Прот □ % □ ppm □ % □ ppm. □ % □ ppm. □ % □ pom. ☐ % ☐ ppm □ % □ ppm. Non Hazardous Material 100 % (10) WASTE PROPERTIES: pH\_ ☐ Toxic ☐ Flammable ☐ Reactive ☐ Sensitizer Corrosive/Irritant ☐ Carcinogen/Mutagen XI Other Aluminum Oxides & Water X Liquid X Sludge ☐ Slurry □ Gas (12) SPECIAL HANDLING INSTRUCTIONS: 

Gloves Other ☐ Googles Respirator GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 TRANSPORTER (HAULER MUST COMPLETE) ASBURY OIL CO. (14) NAME . (15) PICK-UP DATE \_\_ CAD028277036 EPA NO. 13419 Halldale Avenue PHONE NO. (213) 321-1392 Gardena, California 90249 CITY, STATE. ZIP Signature of Authorized Agent and Title TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) HANDLING OR DISPOSAL METHOD: EPA NO. Surface Impoundment ——— Landfill ☐ Injection Well ☐ Land Treatment PHONE NO.

SHIPMENT:

(22) NAME EPA NO.

(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND ☐ Treatment (Specify) \_ ☐ Recovery or Reuse ☐ Storage/Transfer IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: Signature of Authorized Agent and Title Date Accepted